

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

## STATE OF DELAWARE **DEPARTMENT OF STATE**

TELEPHONE: (302) 744-4501 FAX: (302) 739-2711 WEBSITE: WWW.DPR.DELAWARE.GOV

**DIVISION OF PROFESSIONAL REGULATION** 

## Delaware Board of Accountancy Application for CPA Certificate and Permit to Practice

	Original	Recipro	cal	
Se	ection 1: Basic Information			
1.	Name(Last/Family Name)	(First)	(Middle)	
2.	Mailing Address			
3.	Telephone ( )(Daytime)	( )_	Home)	
4.	Email Address			
5.	Do you have a Social Security Number? Yes Security Number	No	If yes, enter Social	
6.	If your name is different from the name on a transc submitted, state all the other name(s) that may be Attach a copy of the legal document(s) showing	used		
Se	ection 2: Education			
7.	Enter the following information about the education College Location Dates		utions attended. d Degree(s)	
Se	ection 3: Exam and Licensure Information			
8.	Did you sit for the CPA exam as a Delaware candidate? YesNo If no, enter state where you sat for the exam?			
9.	Have you ever been denied permission to sit for the Yes No If yes, please explain	ne CPA e	exam?	

10.	10. Have you completed the AICPA ethics exam? YesNo  If no, anticipated date of exam							
11.	11. Have you obtained a certificate or license from another state?  YesNoIf yes, please list state(s).							
	tate Number Date Issued							
If any of your certificates or permits (licenses) are not current or in good standing, please provide details on a separate sheet of paper.								
Se	ion 4: General Information							
12. Are any unresolved complaints pending against you in any jurisdiction? Yes No If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.								
13. Do you have any impairment related to drugs or alcohol that would limit your practice of accountancy? Yes No If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.								
14.	14. Have you ever been convicted of or entered a plea of guilty or <i>nolo contendere</i> (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes No If yes, submit a certified copy of your criminal history record.							
15.	lave you ever had your license or certificate to practice accountancy suspended, evoked, or subject to other disciplinary action in any jurisdiction?  Tes No If yes, submit a letter giving a complete explanation.  Include copies of all appropriate records.							

## (This page may be duplicated if necessary)

## Section 5: Affidavit of Work Experience

16. List qualifying work experience. Start with present position and proceed in reverse chronological order. Be sure to list the employer and licensed CPA or Chartered Accountant who supervised you.

Number of Years	FromTo						
Full-time employment	Part-time employment						
Name of Employer							
Address							
Phone ( )							
Name of Licensed Supervisi	ng CPA or Chartered Accountant						
Number of Years	From To						
Full-time employment	FromTo Part-time employment						
Name of Employer							
Address							
Phone ( )	ng CPA or Chartered Accountant						
Name of Licensed Supervisi	ng CPA or Chartered Accountant						
	<b>3</b>						
Number of Years	From To						
Full-time employment	FromTo Part-time employment						
Name of Employer							
Address							
Phone ( )							
Name of Licensed Supervisi	AddressPhone ( )Name of Licensed Supervising CPA or Chartered Accountant						
Number of Years	FromTo						
Full-time employment	Part-time employment						
Name of Employer							
Address							
Phone ( )							
Name of Licensed Supervisi	ng CPA or Chartered Accountant						
Traine of Elections Capervier	ng of 7t of chartorou /toodantant						
Number of Years	From To						
Full-time employment	FromTo Part-time employment						
Name of Employer	Tart time employment						
Address							
Phone ( )							
Name of Licensed Supervisi	ng CPA or Chartered Accountant						

The Board office must receive items submitted for the Board to consider at its meeting <u>no later than</u> two full business days before the meeting. In order to be considered at a Board meeting, license applications must be <u>completed</u> two full business days before the meeting. A <u>complete</u> application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is <u>complete</u>, please allow 8-12 weeks to receive your certificate and permit to practice.

	AFFIDAVIT	
State of		
County or City of		
The undersigned, having first states that he/she is the person who that the statements contained in suppressed any information that might that participating or cooperating in fracould result in the denial or revocat reporting of such actions to the Attorn read and understands this affidavit.	completed this application the application are true ht affect this application, t aud or material deception tion of the application or	and signs this affidavit, that he/she has not that he/she understands in order to be licensed license and mandatory
	Date:	
Signature of applicant		
Sworn and subscribed to before me th	nisday of	2
Notary Public		
My commission expires:		
Seal		